

MISUSE OF ALCOHOL AND OTHER DRUGS AMONG THE REFUGEE POPULATIONS

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LEARNING OBJECTIVES

Alcohol and Other Drug Use
Among the Refugee Population

Cultural Beliefs of Alcohol and
Other Drug Use

Substance Use Disorders:
Running To or From

Cultural Approaches to
Recovery



Newcomers

Migrant

Refugees

Stateless
Person

Economic
Migrant

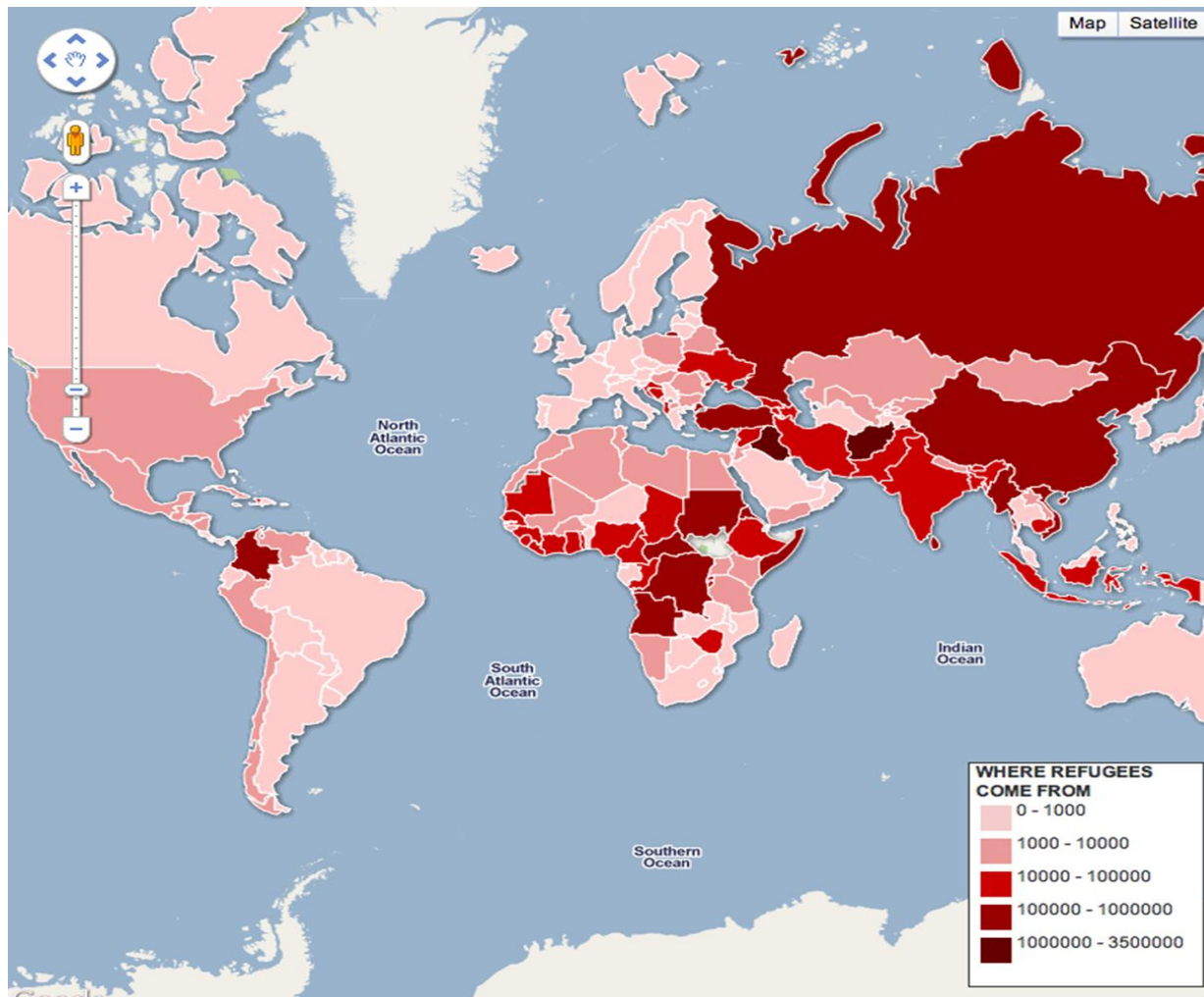
Internally
Displaced
Persons

Immigrants

Asylees

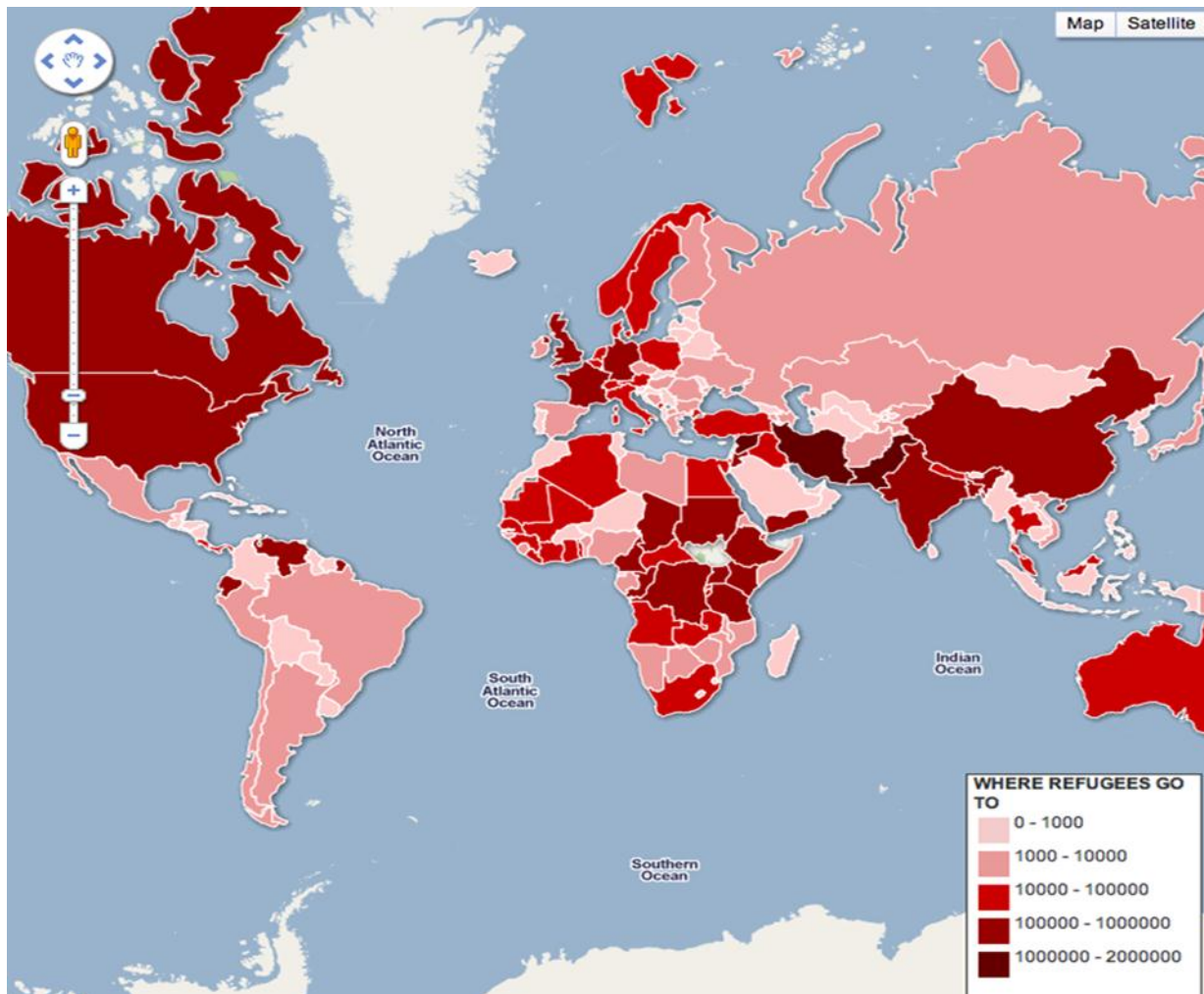
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WHERE ARE THEY COMING FROM



A global total of 15.4 million refugees, 27.5 million internally displaced people and a further 840,000 people waiting to be given refugee status.

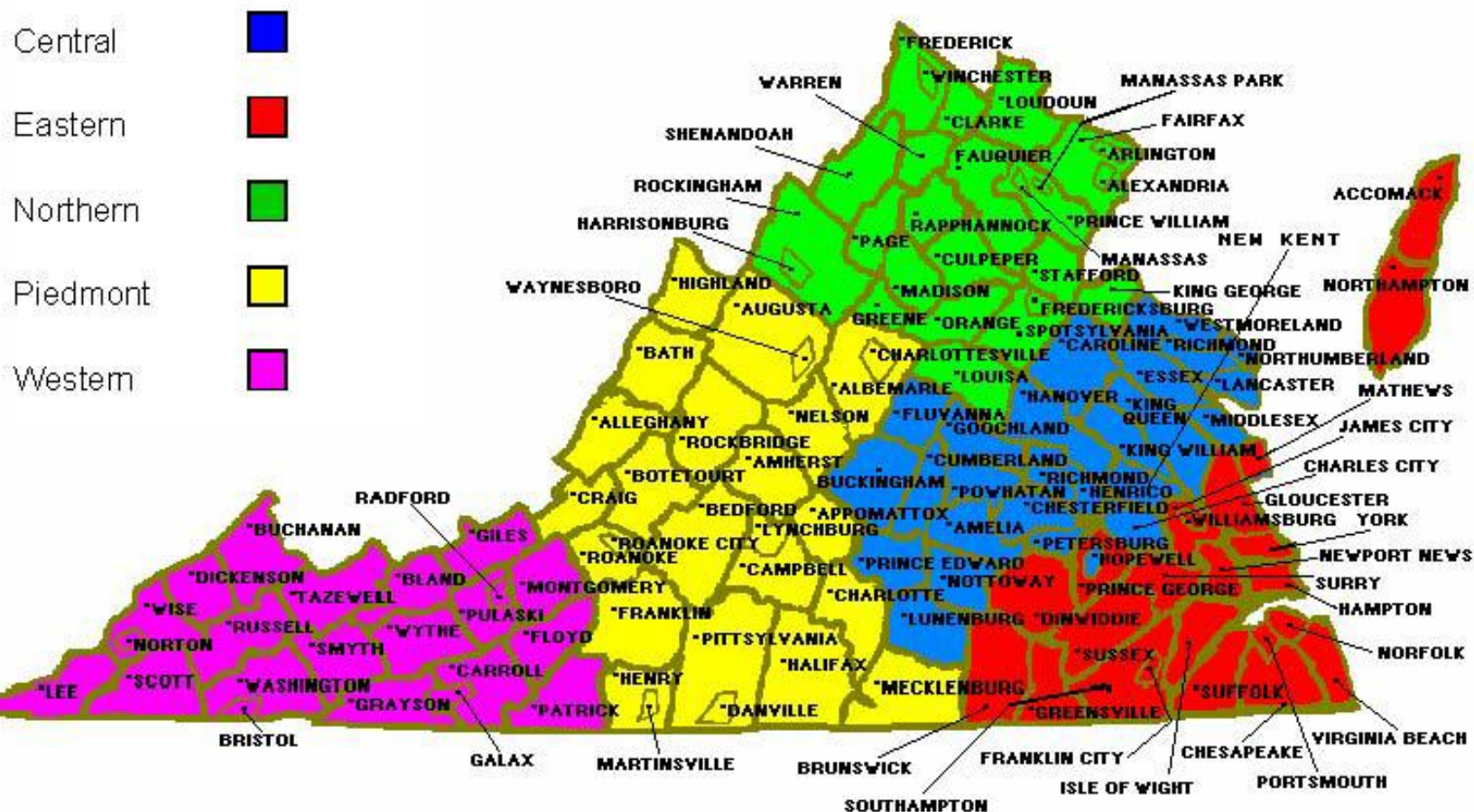
WHERE ARE THEY GOING TO



Since 1975, 3 million refugees have entered the United States. Annually only 80,000 refugees are permitted to the US.

Limits by region:
Africa 15,000
East Asia 19,000
Europe 2,000
Latin America/Caribbean 5,500
North East/South Asia 35,500

FFY 2011 (10/01/09 – 9/30/10)
Virginia Refugee Resettlement Program
FFY 11 Year-to-Date Arrivals and New Cases by VDSS Regional
Boundaries as of March 31, 2011



Report includes refugees, asylees, Cuban/Haitian entrants, secondary migrants, special immigrant visa holders (SIV), trafficking victims)

Sources: Virginia Newcomer Information System (VNIS), Worldwide Refugee Processing System (WRAPS), resettlement provider program reports

TOP 10 LANGUAGES

- ◉ Nepali
- ◉ Arabic
- ◉ Sgaw Karen
- ◉ Somali
- ◉ Spanish
- ◉ Chaldean
- ◉ Burmese
- ◉ Armenian
- ◉ Other Minor Languages
- ◉ Kirundi (Rundi)

Current translated languages

- ◉ Spanish
- ◉ Vietnamese
- ◉ Farsi
- ◉ Korean
- ◉ Urdu

ALCOHOL AND OTHER DRUG USE AMONG REFUGEE POPULATIONS

- ◉ Alcohol
- ◉ Benzodiazepines
- ◉ Cannabis
- ◉ Cocaine
- ◉ Heroin
- ◉ Inhalants
- ◉ Khat (“cot” - stimulant)
- ◉ Opiates (Opium)

CULTURAL BELIEFS

- ◉ Use and abuse of alcohol and illicit drugs is rare among Somalis due to their fervent religious beliefs
- ◉ Substance abuse of any kind is generally frowned upon by the Eritrean community
- ◉ Although most Afghans, as Muslims, do not drink alcohol, some educated, urban Afghans frequently do
- ◉ Although alcohol use is discouraged by the Pentecostal and other evangelical churches, drinking beer is not uncommon among Burundi
- ◉ Alcohol consumption was culturally acceptable for Thai refugees

RISK FACTORS

- ◉ Male Gender
- ◉ Exposure to war trauma
- ◉ Displacement
 - loss or disruption of livelihood
- ◉ Co-existing mental health problems
 - although relationship between PTSD and SUD is complex
- ◉ Risk Environment (social, cultural, political and economic factors)

SUBSTANCE USE DISORDERS: RUNNING TO OR FROM

- Substance use among conflict-affected and displaced populations include self-medication for pain and mental health problems, the stress of adapting to life in a new environment and exposure to unfamiliar patterns of alcohol and other substance use
- Young people had been affected by the war, either through combat, loss of home and family or social dislocation, and had started cannabis use to be brave and strong to fight or just to meet their everyday difficulties. According to him "*now they take it to stop the bad dreams*"

SUBSTANCE USE DISORDERS: RUNNING TO OR FROM

- ◉ Alcohol was seen as useful to "kill time" as well as being important for enjoyment and socialization
- ◉ Alcohol production and sale was an important source of income in the camp and in the local community
- ◉ Use of opiates (opium), heroin and hashish among Afghan refugees was to relieve pain, pleasure and socialization
- ◉ For Thai refugees, alcohol consumption was culturally acceptable and appropriate response to the stressors of displacement

SUBSTANCE USE DISORDERS: RUNNING TO OR FROM

- ◉ In refugee camps (like in Burundi), some people decide to drink alcohol for a variety of reasons: they miss their homes and families, they have little to do in the camp to pass time, they think drinking is fun, or they want to avoid thinking about their problems
- ◉ Studies suggest that substance use in conflict-displaced populations can be a **continuation or exaggeration of pre-displacement patterns**, or similar to the host population, or a mixed picture
- ◉ Substance use problems can develop in the country of origin, in transit, in temporary refuge, or in resettlement

EFFECTS OF SUBSTANCE USE IN DISPLACED POPULATION

- ◉ Gender-based violence
- ◉ Organized crime
- ◉ Serious neglect of children
- ◉ Financial burden on household economies
- ◉ Health problems
 - Hepatitis B, HIV and other STD's
- ◉ Local economy depended on commercialization of alcohol/drugs

ALCOHOL AND OTHER SUBSTANCE USE MODELS FOR DISPLACED POPULATIONS

◉ Acculturation Stress Model

- Use of alcohol or other substances is a reaction to the stresses associated with the displacement experience
- Lack of social and economic resources

◉ Assimilation/Acculturation Model

- Newcomers adopt customs of host country

◉ Intracultural Diversity Model

- Recognition of pattern of substance use within a displaced group

SERVICE DELIVERY PARADIGMS

◉ Individual versus Community

- Individualized healing may divert attention to social, economical and political issues
- Community-level interventions address refugee concerns by addressing social and economic issues (Dwyer and Santikarma, 2007)

◉ Relevance of the PTSD Model

- Model and assessment tools may not accurately reflect non-western culture (Johnson and Thompson, 2007)

◉ Harm Reduction vs. Abstinence

CULTURALLY AND LINGUISTICALLY APPROPRIATE INTERVENTIONS

- ◉ Psychosocial Approach
- ◉ Trauma-Informed Care
- ◉ Trauma-Specific Services
- ◉ Rapid Assessment Response model
- ◉ DSM IV Cultural Formulation
- ◉ Kleinman's Eight Questions
- ◉ The ADDRESSING Framework

TRAUMA-SPECIFIC INTERVENTIONS

- ◉ SAMHSA's list Trauma-Specific Interventions
 - Addiction and Trauma Recovery Integration Model (ATRIUM)
 - Essence of Being Real
 - Risking Connection
 - Sanctuary Model
 - Seeking Safety
 - Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
 - Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
 - Trauma Recovery and Empowerment Model (TREM and M-TREM)
- ◉ Based on psychosocial educational empowerment principles

OTHER THERAPIES/INTERVENTIONS

- ◉ Psychopharmacology
- ◉ Trauma Counseling
- ◉ Psychodynamic approaches
- ◉ Cognitive-Behavioral Treatments
 - ◉ Exposure therapy
 - ◉ Flooding
 - ◉ Systematic Desensitization
 - ◉ EMDR
- ◉ Psychodrama and Body-based Therapies
- ◉ Eastern-based Interventions
 - ◉ Acupuncture
 - ◉ Meditation

DSM IV CULTURAL FORMULATION

- ◉ Cultural Identity
- ◉ Cultural Explanation of Illness
- ◉ Cultural Factors related to Psychosocial Environment and Level of Functioning
- ◉ Cultural Elements of Individual/Clinician Relationship
- ◉ Overall Cultural Assessment for Diagnosis and Care

ARTHUR KLEINMAN'S EIGHT QUESTIONS

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What does your sickness do to you? How does it work?
4. How severe is your sickness? How long do you expect it to last?
5. What problems has your sickness caused you?
6. What do you fear about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to receive from this treatment?

ADDRESSING FRAMEWORK

- ◉ Age and generational influences
- ◉ Development and acquired Disability
- ◉ Religion and spiritual orientation
- ◉ Ethnicity
- ◉ Socioeconomic status
- ◉ Sexual orientation
- ◉ Indigenous heritage
- ◉ National origin
- ◉ Gender

CULTURE OF RECOVERY

- ◉ Resiliency of the individual and community
- ◉ Salutogenic (health producing) vs. Pathogenic (disease producing)
 - Not all refugees are traumatized by their challenging experience
- ◉ Trauma-informed care (Fallot and Harris 2006)
 - Awareness of the pervasiveness of trauma, its impact and its self-perpetuating nature
 - Familiar with the multiple and complex paths to healing and recovery
 - Thoroughly incorporating this knowledge into all aspects of service delivery
- ◉ Trauma-specific treatment/services - available for those with severe and persistent trauma-related symptoms

RECOVERY - SYSTEMS APPROACH

- ◉ Develop a holistic, public health model
- ◉ Enhance indigenous supports and natural recovery processes
- ◉ Build partnerships with refugee's faith community, self-help and advocacy groups, refugee providers, social service networks, and primary health care
- ◉ Easy access to services (getting to and into)
- ◉ Recruitment of culturally and linguistically competent professionals (especially in rural areas)

RECOVERY - SYSTEMS APPROACH

- ◉ Specialized gender-specific services and interventions throughout the migratory and resettlement process
- ◉ Specialized and proactive services for youth
- ◉ Integrated system of care to include non-behavioral health needs
 - Housing
 - Legal services
 - Adult education and ESL
 - Vocational services

RECOVERY - INDIVIDUAL APPROACH

- ◉ Empathic understanding and acceptance
- ◉ Understand cultural norms and idioms of the population served
- ◉ Listen to the narratives of the experiences
 - Staying open to unexpected emotions and interpretations
- ◉ Rebuilding social support, reconnections with loved ones, and narratives of hope for future
(Kirmayer et al, 2007)
- ◉ Incorporate Self-Care and Self-Healing

RECOVERY - INDIVIDUAL APPROACH

- ◉ Support traditional healing resources
- ◉ Incorporate cultural tradition and indigenous healing practices
- ◉ Values story-telling and narratives
 1. Provides factual accounting of the event
 2. Reveals individual's culture, history, tradition, and value
 3. Develop meaning and transformation
 4. Listener-storyteller relationship is key to recovery

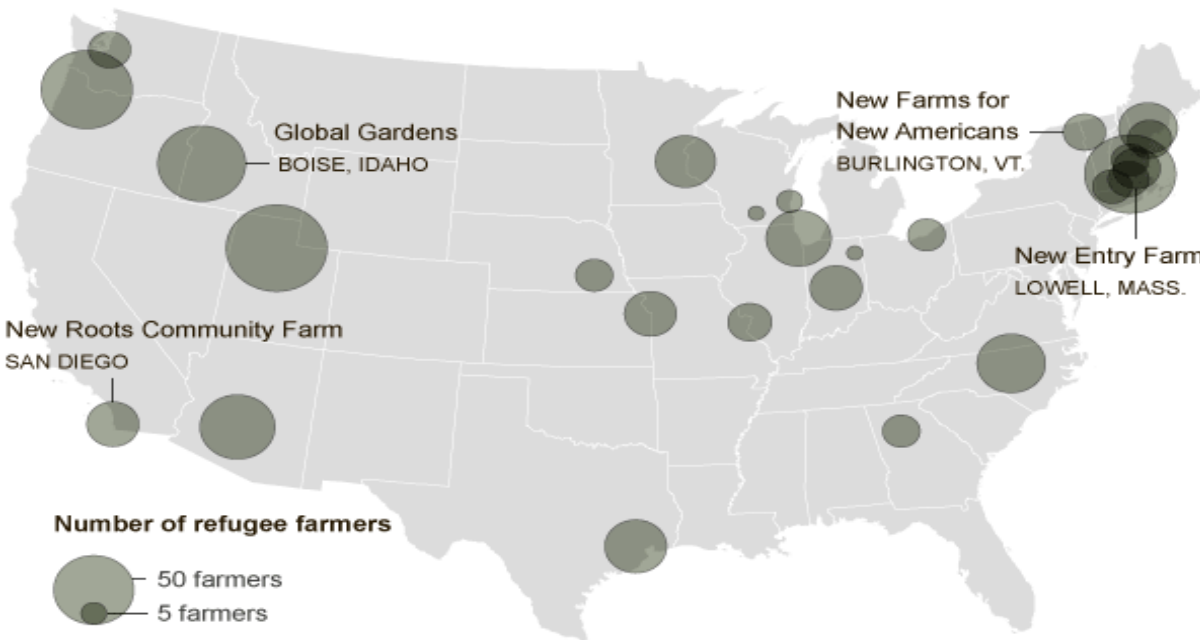
STORYTELLER-LISTENER RELATIONSHIP

- ◉ Show patience
- ◉ Allow individual to tell their story
- ◉ Don't be paternalistic
- ◉ Apologize if you are late
- ◉ Give ideas of how to move on
- ◉ Open discussion first
- ◉ Emphasize working together
- ◉ Knowledge of individual's background
- ◉ Don't give too much choice

CULTURAL APPROACH TO RECOVERY

- ◉ Increased ethno-cultural understanding
- ◉ Increase cultural competence of providers
- ◉ Overcome language barriers
- ◉ Integrate cultural beliefs to Western interventions
- ◉ Include individual and any other identified individual to participate in treatment planning

CASE EXAMPLE OF CULTURAL INTERVENTION



Where They Are From

Somalia	15 farm programs
Bhutan	15
Burundi	14
Myanmar	13
Congo	10
Iraq	6
Laos	5
Ethiopia	4



The U.S. Office of Refugee Resettlement initiated a program in 1998 to help refugee communities in the United States to feel somewhat closer to home, by financing farms and gardens that allow refugees to grow crops that are traditionally grown in their home countries but are not available here.



“The threat of climate change, the competition for resources, and ever-growing global inequality have created deepening, intractable conflicts. Mass migrations will be a feature of our future...”

~Angelina Jolie, UNHCR Goodwill Ambassador (2009)

**“NO ONE WANTS TO BE A REFUGEE.
NO ONE SHOULD ENDURE THIS
HUMILIATION AND ARDUOUS ORDEAL.
YET, MILLIONS DO.
EVEN ONE REFUGEE FORCED TO FLEE,
ONE REFUGEE FORCED TO RETURN TO
DANGER IS ONE TOO MANY”**

Secretary-General Ban Ki-moon
Message for World Refugee Day
2011



UNHCR

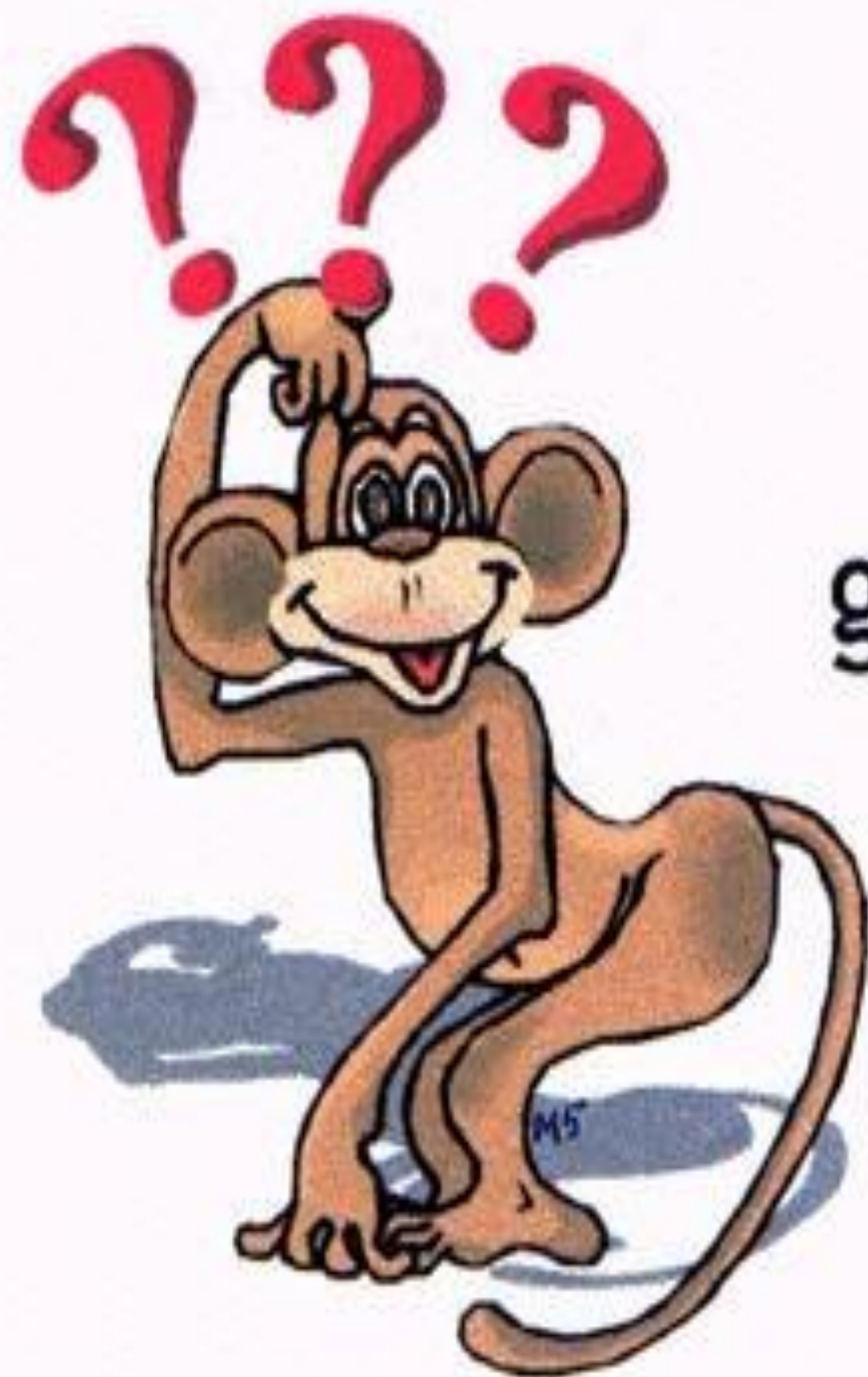
They took my

HOME

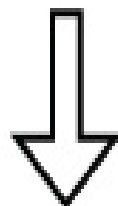
but they

can't take my

FUTURE.



Questions
are
guaranteed in
life;
Answers
aren't.



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- ◉ UNHCR/WHO (1996). *Mental Health of Refugees*

ADDITIONAL RESOURCES

U.S. Department of Health and Human Services

Administration for Children & Families



UNHCR: The UN Refugee Agency

Foreign Policy Association



OTHER INFORMATION

Not part of presentation

US REFUGEE PROGRAMS

◉ Federal Level (Refugee Act 1980)

- Bureau of Population, Refugees and Migration (BPRM) of the Department of State
- Office of Refugee Resettlement (ORR) in the Department of Health and Human Services (HHS)
- Department of Homeland Security

◉ ORR is the main coordinating body

- Works closely with State Refugee Coordinators and Refugee Health Coordinators
- Oversees numerous state-administered programs including cash and medical assistance and targeted preventive health grants

US REFUGEE PROGRAMS

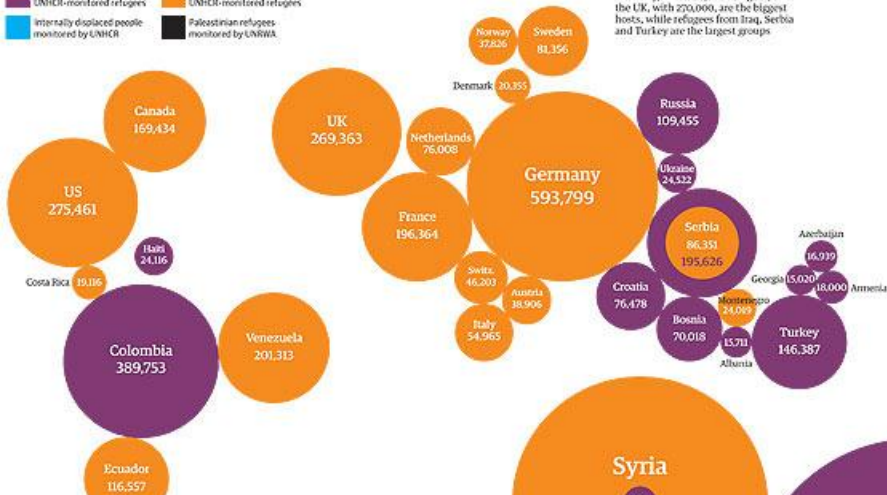
- ◉ SAMHSA's Center for Mental Health Services Refugee Mental Health Program
 - Provides technical assistance, consultation, mental health and community assessments, treatment, and training for resettlement staff and mental health personnel
- ◉ Torture Victims Relief Act of 1998 permits services to all torture survivors in all immigration categories

US REFUGEE PROGRAMS

- ◉ Local resettlement programs (state funded)
 - US Conference of Catholic Bishops/Migration and Refugee Services
 - Lutheran Immigration and Refugee Service
 - Episcopal Migration Ministries
 - Hebrew Immigration Aid Society
 - Church World Service/Immigration and Refugee Program
 - International Rescue Committee
 - US Committee for Refugees and Immigrants
 - World Relief
 - Ethiopian Community Development Center

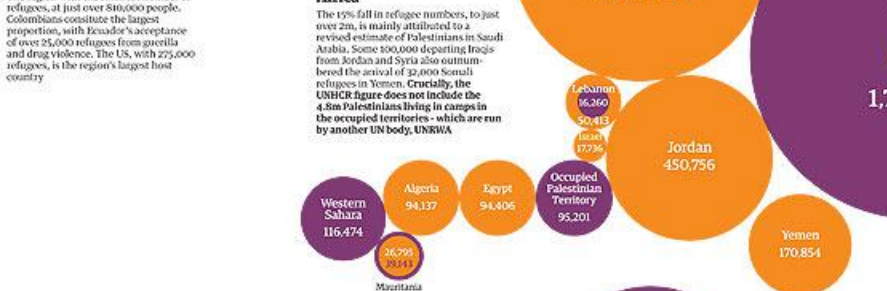
Europe

Hosting just 16% of the world's refugees, Europe has increased the number of displaced people it hosts by 14,000 to 1,648,000 over the past year. Germany, with 600,000 refugees, and the UK, with 270,000, are the biggest hosts, while refugees from Iraq, Serbia and Turkey are the largest groups.



The region with the smallest number of refugees, at just over 810,000 people, Colombians constitute the largest proportion, with Ecuador's acceptance of over 25,000 refugees from guerrilla and drug violence. The US, with 275,000 refugees, is the region's largest host country.

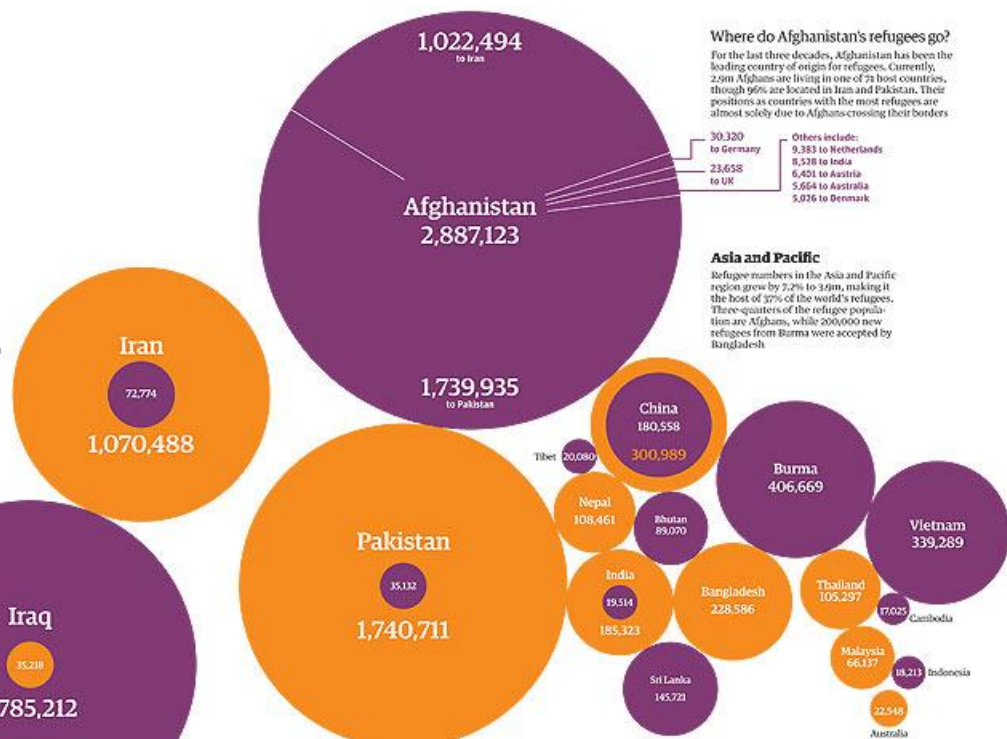
The 15% fall in refugee numbers, to just over 2m, is mainly attributed to a revised estimate of Palestinians in Saudi Arabia. Some 100,000 departing Iraqis from Jordan and Syria also outnumbered the arrival of 32,000 Somali refugees in Yemen. Crucially, the UNHCR figure does not include the 4.8m Palestinians living in camps in the occupied territories - which are run by another UN body, UNRWA.



Just over 2m refugees live in Africa, after a decrease of 1.5%, the ninth consecutive annual fall. The naturalisation of 150,000 Burundians into Tanzania and repatriations in Sudan and Rwanda offset the 280,000 new refugees created by renewed conflict in Somalia and the Congo Dem Rep

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Category	Value
Under UNHCR direct control	10.4m
Returnees	15.2m
Education refugees under UNHCR	4.8m
Internally displaced people not under UNHCR	11.5m
Internally displaced people under UNHCR (Suma below)	15.6m
TOTAL	43.3m
Other	983,000
Other	27.1m

27.1m people are displaced by conflict within their own countries. Of these, 15.6m are looked after by the UNHCR. Colombia, with 3.3m, has the most IDPs, while renewed conflict in the Congo and Pakistan have created 2.1m and 1.9m in those countries last year. Iraq and Uganda saw significant falls, as people returned home

Total
10,396,540

Region	Population
Europe	724,602
Middle East, North Africa	2,099,697
Asia and Pacific	4,276,792
Rest of Africa	2,627,624
Americas	465,275
Various/Other	202,550

Total under UNHCR
15,627,900

